

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723873

1. Entity Name

ST. ANDREW TOWERS, INC

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90039 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
11440 N KENDALL R STE E-209 MIAMI FL 33176 US	11440 N KENDALL R STE E-209 MIAMI FL 33176 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
23-7227364	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FITZGERALD, J. PATRICK ESQ. 110 MERRICK WAY SUITE 2-C CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELLO, EUGENE	NAME	
STREET ADDRESS	2736 SW 7TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAUL, MICHAEL	NAME	
STREET ADDRESS	2251 YUCCA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIBEL, GARY R.	NAME	Steibel, Gary R.
STREET ADDRESS	123 NW 6 AVE	STREET ADDRESS	123 NW 6th Ave.
CITY-ST-ZIP	HALLANDALE FL	CITY-ST-ZIP	Hallandale, FL
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINLIVAN, J. MARK	NAME	
STREET ADDRESS	5730 SW 74TH ST STE 300	STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, LAURENCE	NAME	
STREET ADDRESS	17775 N. BAY RD.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLORIE, JOHN W. REV.	NAME	
STREET ADDRESS	3331 NE 10TH TERR	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Quinlivan* Mark Quinlivan 3-17/2000 757-2024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C 11-017-00000